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72960 7590 07/18/2008 Casimir Jones, S.C. 440 Science Drive Suite 203		V2008	£	Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Footsify that this Fee(s) Transmittal is being deposited with the United States Footsify that will stop ISSUE FEE; address above, or being facsimile transmitted to the USPTIG 517 237–2885, on the date indicated better USPTIG 517 237–2885, on the date indicated better that the state of the USPTIG 517 237–2885, on the date indicated better that the state of the USPTIG 517 237–2885, on the date indicated better the state of the USPTIG 517 237–2885, on the date indicated better the state of the USPTIG 517 237–2885, on the date indicated byte of the USPTIG 517 237–2885, on the date indicated byte of the USPTIG 517 237–2885, on the date indicated byte of the USPTIG 517 237–2885, on the date indicated byte of the USPTIG 517 237–2885, on the date indicated byte of the USPTIG 517 237–2885, on the date indicated byte of the USPTIG 517 237–2885, on the date indicated byte of the USPTIG 517 237–2885, on the date indicated byte of the USPTIG 517 237–2885, on the date indicated byte of the USPTIG 517 237–2885, on the date indicated byte of the USPTIG 517 237–2885, on the date indicated byte of the USPTIG 517 237–2885, on the date indicated byte of the USPTIG 517 237–2885, on the date indicated byte of the USPTIG 517 237–2885, on the date indicated byte of the USPTIG 517 237–2885, on the date indicated byte of the USPTIG 517 237–2885, on the date indicated byte of the USPTIG 517 237–2885, on the date indicated byte of the USPTIG 517 237–2885, on the date indicated byte of the USPTIG 517 238, on the date indicated byte of the USPTIG 517 238, on the USPTIG 517			
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/701,871	11/05/2003		Renfeng Guo		UM-08443		6716
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CFR 1.363).  Change of corresp Address form PTO/SI  Fee Address" ind PTO/SB/47; Rev 03-C Number is required.  ASSIGNEE NAME A	ondence address (or Cha 3/122) attached. ication (or "Fee Address 22 or more recent) attach	2. For printing on the panel front page, list (I) the aimset of up to 3 registered patient attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to listed, no name will be printed.  THE PATENT (print or type) data will appear on the patient. If no assigne is identified below, the document has been filled for T3 a substitute for filing an assignment.					
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a. Applicant claim	tus (from status indicate s SMALL ENTITY statu	us. See 37 CFR I.27.	b. Applicant is no	onger claiming SMA	LLENTITY	Y status. Sec 37 CF	R 1.27(g)(2).
interest as shown by the			Office.				assignee or other party in
Authorized Signature	/Tanya A.	Date 10/17/2008					
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